

## "Continuing a Career of Service" APPLICATION FOR CERTIFICATION

For use in requesting initial certificates and endorsements.

Office of Arizona Troops to Teachers: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: 1-800-830-2134 / (602) 542-4257 Fax: (602) 542-1141

## GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A. A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- B. Complete this application and submit a money order, cashiers check or personal check **ONLY** for the amount due, made payable to the Arizona Department of Education (**ADE**). Fees are <u>not</u> refundable. **Cash will not be accepted.**
- C. Official transcript(s), photocopies will not be accepted.

Social Security Number:		th:/	Gender: M/F	
Full Legal Name:	First	Mid	dle	
Mailing Address:				
Street Number or		City St	ate Zip	
<b>Telephone:</b> ()	Email Address:	(Home)		
Ethnicity:Asian or Pacific IslanderWhite (Not-Hispanic)	Black or African-Am American Indian or A	laskan Native	Hispanic or Latino Other	
	Gender and Ethnicity are requested	for federal reporting purposes on	ly)	
CTION 2: CERTIFICATION TYPE A		CERTIFICATES:		
Are you applying for an elementary, se			certificate under the rule	es of reciproc
T0 1		S_NO		
If yes, please	e include a notarized co	py of the valid out-of-s	tate certificate.	
SUBSTITUTEELEMENTARY (K-8)	\$60	SECONDARY (7-12)(	ONE APPROVED AREA)-	
APPROVED AREA ELEMENTARY AREA		ADDITIONAL APPRO	OVED AREA SECONDARY-	
	SPECIAL EDUC	CATION (K-12):		
CROSS-CATEGORICAL (ED, LD, M EARLY CHILDHOOD (BIRTH TO A EMOTIONAL DISABILITY HEARING IMPAIRED LEARNING DISABILITY	GE 5)\$60 \$60 \$60	ORTHOPEDIC/HEAL SEVERELY AND PRO SPEECH AND LANG	TION TH IMPAIRMENT FOUNDLY DISABLED JAGE IMPAIRED D	\$60 \$60 \$60
CAREER A	ND TECHNICAL EDU	CATION CERTIFIC	ATES (K-12):	
AGRICULTURE, OPTION <u>A</u> , <u>B</u> , <u>C</u> , O BUSINESS AND MARKETING, OPT FAMILY AND CONSUMER SCIENC OPTION <u>A</u> , <u>B</u> , <u>C</u> , OR <u>D</u>	R <u>D</u> \$60 ION <u>A</u> , <u>B</u> , <u>C</u> , OR <u>D</u> \$60 ES,	HEALTH CAREERS,	OPTION <u>A</u> , <u>B</u> , <u>C</u> , OR <u>D</u> IOLOGY, OPTION <u>A</u> , <u>B</u> , <u>C</u> , OR <u>I</u>	
AD	MINISTRATIVE CER	TIFICATES (PRE K-	12):	
PRINCIPAL SUPERINTENDENT	\$60			\$60
PRO	FESSIONAL NON-TE	ACHING CERTIFICA	ATES:	
GUIDANCE COUNSELOR (K-12)	\$60	SCHOOL PSYCHOLO	GIST (PRE K-12)	\$60
	OTHER CER	TIFICATES:		
ADULT EDUCATION	\$60 \$60		FFICER TRAINING CORPS	

\*Pursuant to A.R.S. 15-534.03, each educator must notify the Department of Education of any change of address within thirty days. Change of Address forms are available on our website.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.

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## **ENDORSEMENTS:**

(A valid Ari	zona teaching ce	ertificate is required. Endors	sements a	are K-1	2, unless indicated otherwise	e.)
		\$60	PROVISIO	ONAL EN	IGLISH AS A SECOND LANGUA	GE \$60
PROVISIONAL BILL	NGUAL-				S A SECOND LANGUAGE	
LANGUAGE:					FTED	
FULL BILINGUAL -						
LANGUAGE:			LIBRARY	MEDIA	SPECIALIST	\$60
COMPUTER SCIENT			MATHEM	IATICS S	SPECIALIST (ELEMENTARY	
		ATE REQUIRED)\$60	OR SPECI	IAL ED. (	CERTIFICATE REQUIRED)	\$60
		¢(0 —			(5-9)	
		фc0 —	MUSIC			\$60
		0.00	PHYSICA	L EDUC	ATION	\$60
		¢(0 —	READING	j SPECIA	LIST	\$60
ELEMENTARY FOR	REIGN LANGUAGE	C —			RUCTURED ENGLISH IMMERS ED ENGLISH IMMERSION	
LANGUAGE:		\$60 —	TOLL ST	COCTOR	ED ENGLISH IMMERSION	
SECTION 3: EDUCATION						
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		scripts bearing the original s		ımp or t		
COLLEGE C	OR UNIVERSITY	LOCATION, STAT	Έ		DEGREE/MAJOR	DATE
1)						
2)						
2)						
3)						
IMPORTA	NT: Please mai	intain copies of all your per	rsonal an	d profe	ssional records for future use	<b>.</b>
<b>SECTION 4: PRACTICUM</b>	I, STUDENT T	EACHING AND INTERN	NSHIPS			
		g, practicums or internships		NO		
Trave you committeed any	-					
	a lavialar I/ 1 2 2	3456789101112 Subj	ect area(	s):	Dat	es:
If " <b>YES</b> ," circle the grad	e-levels: K 1 2 3					
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If "YES," circle the grad To obtain a waiver of stu	dent teaching, su		ears of fu	ıll-time	teaching experience on offic	ial letterhead
If "YES," circle the grad To obtain a waiver of stu signed by District Superi	dent teaching, suntendent or Pers	sonnel Director.				ial letterhead
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I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Date Applicant's Signature